E52861
SIM
COLIN CRAN

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

Ottawa, July 7, 1944.

Mrs. Elizabeth Ann Sim,
Georgeville, Quebec.

Dear Mrs. Sim:

It is with deep regret that I learned of the death of your son, E52861 Private Colin Cran Sim, who gave his life in the Service of his Country in the Mediterranean Theatre of War on the 22nd day of June, 1944.

From official information we have received, your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

(H.F.G. Letson),
Major-General,
Adjutant-Genera.

GR/MM

6

H.Q. 405-S-24674
R. 4 (B).

14th June, 1947.

Mrs. Elizabeth Ann Sim,
Georgeville, Quebec.

Dear Mrs. Sim:

I am forwarding herew[illegible] photograph of the grave and marker over t[illegible]rial place of your late son, E52861 Private Co[illegible] Cran Sim, the location of which is grave 15, ro[illegible] B, plot 4, Morro River Cemetery, Ortona, Italy.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

for H.M. Jackson, Lt.-Col.,
Director of Records,
for Adjutant-General.

Encl.

/EMA

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full SIM Colin Cran (b) Reg'l. No. E-52561
2. (a) Arm of service Army (b) Unit ROYAL RIFLES OF CANADA (c) Rank RIFLEMAN
3. (a) Date of birth 16 Apr. 1917 (b) Have you any dependents? NO (c) Place of residence at time of enlistment Georgeville, P.Q.
4. (a) Place of enlistment Quebec, P.Q. (b) Date of enlistment 14-1-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (b) Were you attending school or college up to the time of enlistment? N/A
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 7 Yrs. Public 2 Yrs. High
7. If you attended a university, give name of university and standing or degree secured N/A
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Machinist (c) Did you finish it? Yes (d) If you did not finish it, how long did you serve at it? 1 Yr.
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? None

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Butterfields Address Rock Island, P.Q.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Machine Shop
20. (a) Your specific occupation Machinist (b) Number of years' experience at this occupation with any employer 1 Yr.
21. (a) Did your employer promise definitely to give you employment on discharge? N/A (b) Did your employer refuse to promise you employment on discharge? N/A (c) Do you wish to return to your former employment? Yes

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? YES (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? MIXED FARMING
25. (a) Were you born on a farm? YES (b) How many years' actual farming experience have you had? 12 Yrs. (c) In what provinces did you have experience? Quebec

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) N/A
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Farming

DATE 14-1-42 194..... SIGNATURE Colin B. Sim.

F[illegible] COMPLETION AND RETURN BY

Form P. 64

Mrs. Elizabeth Ann Sim,
Georgeville Quebec.

Any further communication on this subject should be addressed to:—

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 405-S-24,674 FD138

ESTATES BRANCH
JUL 31 194
H. Q.
OTTAWA
NATIONAL DEFENCE

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

JULY 22 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

SIM Colin Cran Pte. E-52861

The Perth Regt. (Motor) (CA)

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

for Director of Estates.

J/L.

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT		
			NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Alexander Cran Sim	59	Georgeville, Que
4	Mother of the Deceased.....		Elizabeth Ann Sim	60	Georgeville Que
5	Brothers of the Deceased	Full Blood	—		
		Half Blood	Howard Alexander Anderson	34	1255 Broadway Albany 7 New York, U.S.A.
6	Sisters of the Deceased	Full Blood	Mrs Russell H Wilson	29	Box 211 Beebe, Que.
		Half Blood	Dorothy Elizabeth Anderson Hill	36	69 Third Avenue Albany 2 New York, U.S.A.
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
			Alexander Anderson	6 weeks	died 14 hours 1912
			Gladys Sim		1 week died June 30 1918
			Alexander Sim		Still born March 15th 1920

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Colin Crau Sim
9	Date of his birth.	April 16th - 1914
10	Place and date of his marriage.	not married
11	Place and date of his parents' marriage.	Northfield Vermont, U. S. A.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Smith Mills
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec (b) Stanstead (c) (d) spent all his life before enlistment in Stanstead County
14	Nature of employment before enlistment.	machinist —
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Georgeville, Que.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	The only will he had was made out while in Army before going overseas in Feb 1943
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	not married
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	One 50 dollar bond which he purchased in Italy
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	War savings amount $70.00 in care of his mother at Georgeville
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	National Life $1000 - North American Life Elizabeth Ann Sim
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*Mother of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Elizabeth Ann Sim ..... {Signature of Informant}

Georgeville, Quebec ..... Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief ..... Elizabeth .....

See above. Ann Sim ..... {Name of informant} is the ..... Mother ..... of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Georgeville this 27th day of July 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces ..... J R Wheeler ..... Qualification ..... Clergyman

Address ..... Ustick Bay P.Q.

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

You will notice I put information about bonds + War Saving in wrong place,
The insurance he has in North American Life Company has a war clause + all one get from it is just what Colin paid in, plus interest
He took the policy out in Oct 4th 1940 + paid yearly premium of $26-22

Would you please send me two copies of his will as the Insurance Companies call for a copy before I can collect insurance.

Elizabeth A. Sim

Received..... Checked..... Observations.....

~~ORIGINAL~~
~~DUPLICATE~~
~~TRIPLICATE~~

Records
M. D. 2 DEC 25 1942 Observed.

DUPLICATE

M.F.M. 2
A.F.B. 271
500M—7-41 (1131)
H.Q. 1772-39-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit ROYAL RIFLES OF CANADA C.A. (A) Regimental Number E-52861

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

FINGER-PRINTED 01 FTE

1. Surname: SIM
2. Christian Names: COLIN CRAN
3. Present address: GEORGEVILLE QUE.
4. Date of birth: April 16, 1917
5. Place of birth: CANADA (Country) QUEBEC (County or Province) DOMFOBIA (Town or Township)
6. Religion (state denomination): UNITED CHURCH
7. Trade or Calling: CARPANTER
8. Married, Widower or Single: SINGLE
9. Name of next of kin: ~~ELIZABETH~~ ANN SIM P.R. P.O. 61. 28 Dec 43
10. Relationship: MOTHER
11. Address of next of kin: GEORGEVILLE QUE.
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? Yes
N.R.M.A Jan. 8th, 1942. until April 14th, 1942. (D6.109 P)
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? NO (Yes or No)
(If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? n/o
(Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? NO
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, COLLIN CRAN SIM, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date APRIL 14, 1942 Colin Cran Sim.
WITNESS W Fetherstonhaugh. (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, COLLIN CRAN SIM do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Colin Cran Sim. (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Quebec Que this 14 day of April 1942

W A Cunn Major — Signature of Magistrate, Justice or Attesting Officer.
2 I. C., Royal Rifles of Canada, C. A. (A) — Officer or Rank and Unit or appointment.

Sim

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

OCCUPATIONAL HISTORY FORMS COMPLETED

FINGERPRINTED

5304-022-2-2-4

Record of Service of SIM (Surname) COLIN CRAN (Christian Names) Regimental Number E-52861

Qualifications

Military: NIL
Business or Professional: CARPENTER
Trade or Civil: CARPENTER
Technical: NIL
Languages: ENGLISH

Educational Qualifications

High School or Collegiate: 2 Yrs High School (years completed)
Graduation or Matriculation: NIL (specify)
*College: NIL
*University: NIL

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
	✓	Joined on appointment (PREVIOUS SERVICE NRMA CLRG DEPOT NO. 4 (D-601095) 8 Jan/42 to date						
14-4-42	✓ RRC	ROYAL RIFLES OF CANADA C.A(A)	RFN	14-4-42	RRC	Quebec	Part II No. 71	23-4-42
7-7-42	✓ RRC	Granted fourteen (14) days Furlough under the Provisions of R.O. 699 from 18 July 42 until 31 July 42. (incl).	"	18-7-42	RRC	Nanaimo	Part II No.124	7-7-42
29-8-42	✓ RRC	Returned from furlough	"	31-7-42	"	Nanaimo	Part II No.146	1-8-42
23-11-42	✓ RRC	Trade tested and qualified as Carpenter Grade II Group "B" (Authy. Trade Test Board Proceedings (P.C. No. 55) d. 10/11/42).	"	10-11-42	RRC	N.West.	Part II No. 234	23-11-42
23-11-42	✓ RRC	Having been trade tested and having qualified as Carpenter Grade II is authorized to draw Trademen's Rates of Pay Group "B" Grade II (25¢ per diem.). (Authy. Art. 146 (1)F.R. & I.)	"	1-10-42	RRC	N.West.	Part II No.234	23-11-42
23-1-43	✓ RRC	Authorized to draw ~~xxx~~ $1.50 per diem in ~~accordance with CARO 2772 d. 6-1-43.~~	"	1-1-43	RRC	N.West.	Part II No. 13	23-1-43

For additional entries use M.F.M. 1 and 2 (a)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full SIM, Colin Cran. Place Vernon Military Hospital,

Place Vernon, B.C. Date April 20th, 1942.

Part 1. Information obtained from the recruit.

1. Age 23 2. Have you ever suffered from any of the following diseases?

a. Rheumatism ..... no
b. Tuberculosis or pleurisy ..... no
c. Bronchitis or asthma ..... yes, no
d. Heart disease ..... no
e. Kidney or bladder disease ..... no
f. Stomach or bowel trouble ..... no
g. Rupture ..... no
h. Varicose veins ..... no
i. Foot trouble ..... no
j. Nasal trouble ..... no
k. Ear disease ..... no
l. Eye disease ..... no
m. Fits ..... no
n. Nervous or mental disease ..... no
o. Syphilis ..... no
p. Gonorrhoea ..... no
q. Have you ever worn glasses? ..... no
r. Are you now or have you in the past received disability pension or compensation? If so, give details ..... no

Colin Cran Sim ×
Signature of Applicant.

Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED

1. Identification marks or scars. (If operative obtain history).
1" scar back of left hand at base of thumb.

2. Height 5' feet 3 1/2 inches. 3. Weight 137 pounds.
4. Complexion muddy Eyes grey Hair brown
5. Development good ~~Fair~~ ~~Poor~~ Good

6. Chest measurement—Girth on full expansion 34 inches.
Range of expansion 2 1/2 inches.

7. Vision, right 20/20 left 20/20.
With Glasses— right ..... left .....
8. Hearing, right C.V. 20 left C.V. 20.

9. Condition of mouth and teeth Cuspser denture lower dental caries.

10. The abnormalities (congenital and pathological) found on examination are as follows
inability to fully extend left thumb.
history of bronchitis as a child.
urine, reflexes & auditory canals are normal.

Part 3. We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category A-1.

Special remarks when category lower than A ..... reading chest x-ray

R.P. McCaffrey Capt. M.A. Nicholson Capt. W.R. Walker Capt.
R.P. McCaffrey President Capt. M.A. Nicholson Member Capt. W.R. Walker Member Capt.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
13-1-42	x-ray chest neg. #. 105529		
28-1-42	Vacc.		
28-1-42	TABT- 1		
1-4-42	" 2		
1-5-42	" 3		
23-12-42	Cat A-1 approved Allen Beach Maj		
16/2/42	Cat A-1 approved J.D. Clarke Capt		
24/3/43	" " " J.A. Smith Capt.		

Regtl. No. E.52661 Rank RFN Surname SIM Christian Name COLAN GRAN

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
Mtl South		4	3	43	8	3	43	Influenza	5	Longueuil Mil Hosp, (Cured)	

For additional entries use M.F.M. 1 and 2 (b)

(*To be completed in triplicate*)

DUPLICATE

E

M.F.M. 103
200M—5-41 (442) (971)
H.Q. 1772-39-1828

MILITIA ACT

THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

N.R.M.A. PERSONNEL

13th Period

ENROLMENT FORM

N.R.M.A. Serial Number of Notice of Call.....E.42689.....Regimental Number.....601093.....

1. Taken on Strength of No.....41.....N.R.M.A. Clearing Depot.....Huntingdon, Que.....
2. Surname (Block Letters).....SIM.....
3. Christian Names (in full).....Colin Cran.....
4. Present Address.....R. R. 1. Georgeville, Que.....
5. Place of Birth.....Canada.....Quebec.....Tomfobia.....
   (Country) (County or Province) (Town or Township)
6. Date of Birth.....16th April, 1917..... 7. Religion—Denomination.....United.....
8. Physical Description: Height.....5-4.....Weight.....121.....Eyes.....Blue grey.....Hair.....L. Brown.....
   Complexion.....Fair.....Identification marks.....Birth Mark Upper right Arm.....
9. Married, Single, Widower?.....Single.....
10. Next-of-Kin.....Mrs. Elizabeth Marowsather.....Relationship.....Mother.....
    (Name)
    .....Georgeville, Que.....
    (Address)
11. Trade or Occupation.....Threadgrinder.....
12. Previous Naval, Military or Air Service.....None.....
    (State Units and Dates of Service)
    .....
13. Preference, if any, for, R.C.N.?.....NO..... Army?.....NO..... R.C.A.F.?.....Yes.....
    (Arm of Service)
14. Employment in War Industry, if any.....None.....

Colin B. Sim
(Signature of Man)

Sth January, 1942 194.....
(Date of Signature)

Robt Brennan Capt.
(Signature and Rank of Enrolment Officer)

TRAINING CENTRE PARTICULARS

A. Attached to Basic T.C. No.....41.....at.....Huntingdon, Que.....Date.....JAN 8 1942.....

Completed.....Days Basic Training.

.....
(Date, Signature, and Rank of Recording Officer)

B. Attached to Advanced T.C. No.....at.....Date.....

Completed.....Days Advanced Training.

Qualities of Leadership, Positive.....Becoming Evident?.....Dormant?.....

Transferred to.....Date.....
(R.C.N., formation or unit of the C.A., R.C.A.F.)

.....
(Date, Signature and Rank of Recording Officer)

C. Medical Category on acceptance at Basic Training Centre.....A.....

RECORD OF SERVICE of SIM (Surname) COLIN CRAN (Christian Names) Regimental Number D.601098

QUALIFICATIONS

1. Naval, Military, or Air: None
2. Business or Professional: None
3. Trade or Civil: Threadgrinder
4. Technical: None
5. Languages, etc.: English (mother tongue) Can speak? Yes Can read and write? Yes Can drive a car? Yes Repair a motor? No Cooking experience? Yes Hobby? Sports

EDUCATIONAL QUALIFICATIONS

6. High School or Collegiate: 2nd Year High (years completed) Graduation or Matriculation: N/A (specify)
7. *College: N/A
8. *University: N/A

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All N.R.M.A. Personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Joined on TRANSFER from N.R.M.A. Clearing Depot No.						
15.1.42	T.C.41	Enrolled and posted to N.R.M.A. Clearing Depot No. 4 and attached to C.A.(S)T. No. 41 for ALL purposes.	Pte.	8.1.42	T.C.41	Huntingdon Que.	Part II No. 3	12.1.42
14.2.42	T.C.41	Ceases to be attached to T.C.41 on transfer to H.W.E of. H.D., R.R.C., QUEBECC	Pte.	15.2.42	T.C.41	Huntingdon Que.	Part II No. 13B	16.2.42
18-2-42	R.R.C.	ATTACHED FOR ALL PURPOSES ON TRANSFER from CABTC No-41 Huntingdon, Que.	PTE.	16-2-42	R.R.C.	QUEBEC	PART II No- 20	18-2-42
23-4-42	RRC	IS SOS OF RRC C.A.(A) AND IS DISCHARGED FROM NRMA CLEARING DEPOT No. 4 O N ATTESTATION ACTIVE FORECE	RFN	14-4-42	RRC	VERNON BC	PART II No. 71	23-4-42

Regtl. No.....Rank.....Surname.....Christian Names.....

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief Details and Signature	Date	Brief Details and Signature	Date	Brief Details and Signature
VACC.	JAN 28 1942 [signature]				
T.A.B.T. 1.	JAN 28 1942				
T.A.B.T. 2.					
T.A.B.T. 3.					

STATION	Date of Arrival at Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

REGISTRAIRE DE DIVISION
DIVISION ADMINISTRATIVE "E"
DEC 17 1940
Min. des Services Nationaux de Guerre
MONTREAL QUE.

MEDICAL EXAMINATION AND CERTIFICATE FORM

DEPARTMENT OF NATIONAL WAR SERVICES

NATIONAL RESOURCES MOBILIZATION ACT, 1940

Notice of Call Serial No:— E 42689

This form to be used by divisional registrars for copies of original medical examination and certificate forms.

PART I

Name in full (Print in block letters) SIM (Surname) GRAN COLIN (Given Names)

Born: Place Tomofobra Canadian Province (or other country) Que Date Apr. 16th 1917

Permanent Postal Address R.M.D. 1 (Street and Number) (Rural Route and Post Office) Georgeville (Town or City) Que. (Province)

The following questions must be answered "Yes" or "No".

Have you ever suffered from any of the following:—

Rheumatism no Tuberculosis no Bronchitis or Asthman no Heart Disease no

Kidney or Bladder Disease no Stomach or Intestinal Trouble no Rupture no Varicose Veins no

Trouble with feet no Nasal Trouble no Ear Trouble no Eye Disease no Fits no

Nervous or Mental Disease no Syphilis no Gonorrhoea no Have you ever worn Glasses? no

Have you ever been rejected for Military Service? no Are you in receipt of disability pension or compensation? no ("Yes" or "No") If so, from whom?

Place Magog Province Que Date Dec. 11th 1940

(Signed): Colin Cran Sim

Signature of man.

PART II

Examiner's remarks. Give a clear and concise history of any of the above conditions where the answer is "Yes"

Physical examination (the man must be stripped)

1. Height 5 feet 4 inches. 2. Weight ~~135~~ 121 pounds
3. Complexion fair Colour of eyes bluish grey Colour of hair L. Brown 4. Development ~~fair~~ ~~poor~~ (good / fair / poor) — Strike out inapplicable words.
5. Chest measurement—Girth on full expansion 38½ inches
   Range of expansion 3 inches
6. (*a*) Vision without glasses—Right eye 20-20 left eye 20-20
   (*b*) If in possession of glasses: Vision with glasses—Right eye left eye
7. Hearing, right ear C V 20 left ear C v 20
8. Mouth and teeth All upper teeth extracted, all of lower molars extracted
   Describe dentures, if any False upper teeth
9. If the above named man suffers from any disability, whether congenital or pathological, which places him in a category lower than "A", a clear and concise description of such disability is to be given here:—
   Should have lower denture. Enlarged turbmale bones some nasal catarrh

PART III

I have examined the man in accordance with the physical standards and instructions for the medical examination of recruits and certify that he is fit for:—

Category "A" fit for A (Signed):
" "B I" Signature A. Bowen M.D. (Examining Physician)
" "B II"
" "C I"
" "C II" Address Magog P.Q.
" "D"
" "E" Date Dec 11th 1940

The space below is reserved for Training Centre Medical Officer.

PART IV Record in detail any disease or disability not previously described:—

Cat A

Signature [signature] Training Centre Medical Officer.

Training Centre No. or Name 41

N.P.A.M. No.

(Important: See other side)

N.W.S. Form No. 1A

Station	Admission to Hospital			Discharged from Hospital			Disease	Remarks: If mild or severe; if completely recovered from. If an accident, state whether Court of Inquiry was held. Date of issue of surgical appliances supplied.
	Day	Month	Year	Day	Month	Year		

INSTRUCTIONS

1. Only a duly qualified and licensed medical practitioner in Canada who has been appointed by the Minister of National War Services as an " examining physician," in accordance with the National War Services Regulations, 1940 (Recruits), may examine the man and complete this form and certificate.

2. The " examining physician " must examine the man and complete this form and certificate herein contained in accordance with the physical standards and instructions for the medical examination of recruits, copy of which will be supplied to each " examining physician " by the Department of National War Services.

3. The " examining physician," immediately upon completing this form and certificate must mail or deliver it in person to the Divisional Registrar of the Administrative Division of the Department of National War Services in which the man resides. The names and addresses of all Divisional Registrars will be brought to the attention of all appointed " examining physicians " by notices in the press or, if possible, by letter.

4. Payment for the examination of each man will be made monthly by the Department of National War Services, Ottawa, to the duly appointed examining physician concerned. Examining physicians will not submit any other account; this properly completed form and certificate will serve in lieu of an account.

5. The Divisional Registrar of the Administrative Division in which the man examined resides, immediately upon receipt of this form properly completed, will stamp hereupon the date the form has been received by him and will prepare or have prepared, four exact and typewritten copies of this original, showing upon the four copies the date the original was received from the examining physician. Each such copy will be certified as a true and correct copy by the Divisional Registrar or by a person duly appointed by him for this purpose.

The Divisional Registrar will retain the first typewritten copy. He will attach a copy to the original form and certificate received from the examining physician and will immediately forward both original form and certificate and the copy to the Department of National War Services, Ottawa. He will forward a copy to the representative of the Department of National Defence; and the last copy, if the man has been found fit for military training and is being notified to report to a military training centre, to the Officer Commanding the military training centre to which the man has been instructed to report. If the last typewritten copy is not so disposed of, it shall be retained by the Divisional Registrar.

6. No copy of this form is to be in the possession of any unauthorized person.

Section 12 (3) of the National War Services Regulations, 1940 (Recruits), reads as follows:—

" (3) In any case in which any doubt arises as to the accuracy of the examining physician's certificate of unfitness for military training of any man so certified by him, the Divisional Registrar may give the man concerned another notice requiring him to submit himself for another examination, in which case the man shall report at such place and time as will be indicated to him by the Divisional Registrar for examination by three examining physicians appointed by the Minister. Such three examining physicians will examine the man, and if they do not confirm the certificate given in the case of the man concerned by the examining physician who first examined him, shall issue another certificate which will be final and conclusive."

Section 36 of the National War Services Regulations, 1940 (Recruits), reads as follows:—

" Any examining physician who, in furnishing information under these regulations, knowingly makes any inaccurate statement or signs an inaccurate certificate shall be guilty of an offence and liable on summary conviction to imprisonment for a term not exceeding six months or to a fine not exceeding one hundred dollars or to both such imprisonment and such fine."

I hereby certify this to be a true and correct copy.

.....

The Divisional Registrar will stamp the four copies showing his Administrative Division and the place and date where the copies were made and certified by him.

(See National War Services Regulations, 1940 (Recruits).)

M.F.M. 14A
200M-5-42 (4724)
H.Q. 1772-39-1662

CARD SEQUENCE NO. _____

NO. E 52861 RANK Rfn NAME Sim C.C.

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
55	5-3-43	Gr. embark lve from 0800 hrs. 25-2-43 to 0800 hrs 1-3-43 with 50¢ ration allow.	
58	9-3-43	Disch. from Longueil. Mil. Hos. 8-3-43	
71	24-3-43	SOS DD4 on proceeding wef 26-3-43	
		T.O.S. C.A. (OVERSEAS) ON TRANSFER wef 27-3-43	
52	7/4/43	T.O.S. 3 CDN. INF. REINF. UNIT. wef 5-4-43	
58	14-4-43	To Draw TP "B" carpenter wef. 5.4.43.	
127	5-7-43	Granted 7 ds. P/L + 48 hr pass with R/A from 3-11 July 43	
154	5-8-43	S.O.S. 8 CDN. DIV. INF. REINF. UNIT Perth. F.U.	
		THE PERTH REG'T. AUG 5 1943 AUG 6 1943	
40	12-8-43	TOS wef Carpenter Gp 'B'	
62	29-12-43.	Embarked & SOS CA (10K) wef 26 Oct 43	
62	29-12-43	Disembarked & TOS CA (57) wef 26 Oct 43.	
2	14-1-44	SOS to X-3 List Perth R wef 6 Jan 44	
~~1~~	~~28-12-43~~	Adm to 24 C Fd wef 6 Jan 44.	

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
2	14-1-44	To S from X-3 List Reth R wef 8 Jan 44	
		Disc from 24 C F A wef 8 Jan 44	
62	29-12-43	SOS CA(UK) 26 Oct 43 & To S CA(NY) 27 Oct 43	
		sos deceased (killed by mine while on duty) 22 Jun 44.	

LOWE-MARTIN CO. LIMITED D85951

No. D.601098 RANK Pte. NAME SIM. C.C.

*MARRIED
*WIDOWER
*SINGLE

PLACE OF ENLISTMENT Huntingdon, Que DATE 8.1.42

H

RATE OF PAY

D.O. No.	DATE	RANK	DAILY RATE	REMARKS
3	12.1.42	Pte.	1.30	wef 8.1.42

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT		TOTAL	

DEPENDENTS' ALLOWANCES

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED		EFFECTIVE DATE

*DELETE WORDS WHICH ARE INAPPLICABLE

M.F.M. 111
100M—2-41 (9405
H.Q. 1772-39-1801

CASUALTIES, ETC.

PART II D. O. No.	DATE	
3	12.1.42	TOS TC 41 for all purp wef 1200 hr 8.1.42
13B	16.2.42	Ceases att TC 41 on trans to RRC wef 15.2.42
20	18.2.42	Att. all purp. to R.R.C. w.e.f. 16.2.42 X
X25	24.2.42	Ord.20 incorrect should be: TOS RRC wef 16.2.42
71	23.4.42	dis. from n.k.m.a. Wk. no 4 on attest a.T. R.R.C. w.e.f. 13.4.42
71	23.4.42	T.O.S. R.R.C on attest a.S. w.e.f. 20.4.42
124	7.7.42	Granted furls from 18.7.42 to 31.7.42 Inc
146	31.8.42	Returned from furls on 31.7.42
234	23-11-42	Listed and qualified as "Carpenter Grade II Group B."
234	23-11-42	Qualified as "Carpenter Grade II" draws trades pay of Pay Group "B" Grade II (25¢ per diem" W.E.F. 1 Oct. 43
13	23.1.43	:Authorized to draw $1.50 per diem w.e.f.1.1.43
35	19.2.43	Ceases to draw Trades pay "Fr. C Fr II on being SOS this unit wef 19-2-43
35	19.2.43	SOS. RRC (caa) wef. 19.2.43 on transfer to [illegible] No. 400
46	24-2-43	TOS DD4from RRC New Westminter. B.C. posted to "E"Wing. w.e.f. 20-2-43
5	54	4-3-43 Adm. to Longueil Mil. Ho's. wef 4-3-43.

F. M. 14
3001-5-41 (323-4)
H. O. 1772-39-1662

~~(D6c1098)~~

NO. E 52861 RANK ~~Rfn~~ NAME Sim, Cowin Cran SP

*~~MARRIED~~
*~~WIDOWER~~
*SINGLE

PLACE OF ENLISTMENT Rte Quebec, Que. DATE 14.4.42

RATE OF PAY 2.00

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
71	23.4.42	Rfn		A.S.	1.30		Pr. Sr. N.A. M.A. Dp. 4
13	23.1.43	"		A.S.	1.50	mf 1.1.43	8.1.42 to 14.4.42
234	23.11.42	"	'B' GR II	A.S.	1.75		
35	19/2/43	"		A.S.	1.50	19-2-43	
58			B' GR		2.00		5-4-43.

16 E.d./45.42

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT		TOTAL
Sim, Mrs. ~~Ann~~ Elizabeth Ann	~~1.1.43~~	~~20.00~~		~~20.00~~
(mother)	Jan 44	40	—	40.00
Georgeville, Que.				

DEPENDENTS' ALLOWANCES NO.

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED		EFFECTIVE DATE

OUTFIT OR CLOTHING } ALLOWANCE $ PAID ON

REHABILITATION GRANT $ PAID

*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT OR MILITIA PENSION ACT (1910) $ P.A.

OCCUPATIONAL FORM COMPLETED

Statement of the Service of NO....E-52861.....Rank....Rfn....Sheet NO:...1....

Name.....SIM, C.C.....

M.F.M. I & 2 (a)

DATE	FROM WHOM RECEIVED	RECORD OF CASUALTIES	RANK	SHOWN	EFFECTIVE DATE	UNIT	PLACE	PART II ORDER	DATE
-2-43	RRC	CEASES TO DRAW TRADEMENS RATES OF PAY GROUP "B" GR.II (CARPENTER JOINER)		Rfn.	19-2-43	RRC	N.West.	No. 35	19-2-43
-2-43	RRC	S.O.S. OF RRC C.A. ON POSTING TO D.D. NO. 4 MONTREAL SOUTH QUE.		"	19-2-43	RRC	N.West.	No. 35	19-2-43
		T.O.S. ON TRANSFER FROM R.R.C. OF CANADA CA.		"	20 Feb. 43	4DD	MTL STH	" 46	24 Feb. 43
6 Mar 43	4 DD	Granted Embarkation Leave from 0800 hrs 25 Feb 43 to 0800 hrs 1 Mar 43 and is granted (50) cts p.d. allow. in lieu of rations for period shown.	Rfn		25 Feb 43	"	"	" 55	5 Mar 43
25-3-43	4 DD	Admitted sick to Longueuil Military Hospital. Longueuil. Que.	Rfn		4-3-43	"	"	"54	4-3-43
25-3-43	4 DD	Discharged from Longueuil Military Hospital. Longueuil. Que.	Rfn		9-3-43	"	"	#58	9-3-43
25 Mar 43	"	S.O.S. on proceeding	"		26Mar43	"	"	#71	24 Mar 43
		S.O.S. C.A. (CANADA) ON EMBARKATION	Rfn.		27 Mar 43.	36IRD	UK.		
		T.O.S. C.A. (OVERSEAS) ON TRANSFER Reinf for RCR.	"		28 Mar 43	"	"		
		Disembarked in UK.	"		4 Apr 43.	"	"	52	7 Apr 43.
		T.O.S. 8 CDN. INF. REINF. UNIT.	"		5 Apr 43.	"	"		

Statement of the Service of No. E.52861 Rank Sheet No.

Name SIM C.C

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2. M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
S.O.S	✓	S.O.S to Perth R. "Carpenter B"	Pte	5 Aug 43	3 C I Rcu	U.K	154	5 Aug 43
	T.O.S	T.O.S. From 3. C.I.R.U.	Pte	6 Aug 43	PERTH. R.	U.K.	40	12 Aug 43
	✓	Granted Trade's Pay "Carpenter B"	Pte	5 Apr 43	3 C I Rcu	U.K	58	14 Apr 43
	✓	S.O.S. C.A. (U.K.) on embarkation 26 Oct 43						
		T.O.S. C.A. (M) 24 Oct 43	Pte	—	Perth R.	NF.	62.	29 Dec 43
		Disembarked 8 Nov 43						
(P 103) S.O.S		S.O.S to 3 List Perth R. Carpenter B.	Pte	6 Jan 44	Perth R	CMF	2	14 Jan 44
	T.O.S							
S.O.S								
(P 103)	✓ T.O.S	T.O.S. from 3 LIST. Perth R Corp. "B"	Pte	8 Jan 44	Perth R	CMF	2	14 Jan 44
Ver. Nok		Mrs Elizabeth Ann Sim (Mother) Georgeville, P.Q.,			Perth R		10 Canada	4 Feb 44
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
	✓	Killed	Pte	22 Jun 44	Perth R.		C.L. 17 464. C.L.A. 464	2 July 44. 22 Jun 44
S.O.S	D.O. 13/7/44.	S.O.S Killed ~~in Action~~ Enemy mine Corp. "B"	Pte	22 June 44	Perth R.	N.S.	45	28 June 44

22-6-44

AWARDS—CANADIAN ARMY (ACTIVE)(1645) M

500M—1-44 (3467)
H.Q. 1772-45-8

FB

FILE No. 405-S-24674

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
SIM, Colin Cran	E-52861	Pte.	Perth Regt.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	7715 19/1/50
Italy Star	
Defence Medal	
War Medal	
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mr. Alexander C. Sim (Father)
GEORGEVILLE, Que.

ADDRESS:

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Elizabeth A. SIM, (ENGLISH)

(1645)

ADDRESS: GEORGEVILLE, Que.

MEMORIA

(1) DATE DESP

REGN. NO 445-6

(2)

DESP. OCT 3 1944
REGN No. 2477

(3)

To be made out in duplicate

M.F.M. 5
150M—7-41 (1122)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

---

(1) Name of Officer or Other Rank SIM Colin Cran
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank E-52861 Rifleman

(3) Unit ROYAL RIFLES OF CANADA C.A.(A)

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife N/A

(*b*) Present postal address of wife N/A

(6) If married, have you been regularly supporting your wife? If not—state reasons N/A

(7) Are you a widower? N/A

(8) Have you any children? N/A Number of boys N/A Girls N/A

Names and ages

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them N/A

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name N/A

Postal Address N/A

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? NO

If so, state her full name and Postal Address N/A

(11) Is your father alive? Yes

If so, state name and address, occupation Mr. Alexander Sim, Georgeville, P.Q. Farmer

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? N/A

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment. N/A

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? N/A

(14) Is your mother alive? YES

If so, state name and address Mrs. Alexander Sim, Georgeville, P.Q.

(15) If your mother is a widow, are you her sole or partial support? N/A

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment N/A

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support? N/A

(17) Are you contributing to the support of any dependents, other than those shown above? NO
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

(18) Are you insured? Yes

If so, in what Company? National Life North American
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? NO
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Colin B. Sim.
(Signature of officer or man)

Date 14-4-42

W. H. Lawe
Major
Officer Commanding 2 I.C. Royal Rifles of Canada, C. A. (A)

Date 14-4-42

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

No E.52861 Rank Private Name SIM, Colin Cran

Unit Perth Regiment Date of death 22nd June, 1944.

Died at Italy

Cause Killed in action.

Death occurred on strength of Forces. HQ 405-S-24674 d 4-6-44

N/K Mrs. Elizabeth Ann Sim Relationship Mother

Address Georgeville, P.Q.

Remains buried in Cemetery

MR.293176, sheet 141-11. Ortona, Italy

Grave location Row 2, Grave 10

CHK ✓

OVER —

DEATH CERT. TO N.K. MAR 12 1945

BURIAL REPORT TO N.K. NOV 25 1944

RETURN TO BUR. OF STAT. JUL 22 1944

ROYAL MESSAGE DESP'D. 7/7/44

CAN. MESSAGE DESP'D.

REBURIAL

Morro River Cemetery,
Ortona, Italy.

Grave 15, row B, plot 4.

HI & CR Form Despd. JAN 22 1947

Photographs
Despatched
JUN 14 1947

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER B-52861 RANK Private SERVICE UNIT The Perth Regiment (Motor) (C.A.)

NAME SIM, Colin Cren.

DATE OF BIRTH DAY 16th MONTH April YEAR 1917 Date Enlisted: 14-4-42

MARITAL STATUS Single Religion: United Church of Canada

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother NAME Mrs. Elizabeth Ann Sim,

ADDRESS Georgeville, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 7423 H.Q. 405-S-24,674

CASUALTY DETAILS Killed in action DATE 22-6-44

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 4-6-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
40/P & S/318

PART I (For all ranks)

Unit ROYAL RIFLES OF CANADA Regimental Number E 52861

1. Surname SIM
2. Christian Names Colin Cran
3. *Substantive Rank and Appointment Pte
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Tomfobia, P.Q.
5. Date of birth as declared on attestation 16 Apr 1917
   (A)
6. Date of enlistment 14 Apr 1942
7. Place of enlistment Quebec, P.Q.
8. Residence at time of enlistment Georgeville, P.Q.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion U.C.
12. If married, state date
13. Trade on enlistment Cappenter
14. Corps, trade and grade
15. (D) Qualifications Carpenter "B"
16. (E) Miscellaneous entries

(17) Regiment or Corps CIC

Unit (Battn., etc) Perth Regt (MG)

(18) Medical

Category	Date	Authority
A.1.	20-4-42	MFM 2
A Reconf	16-2-43	MFM 2

(19) Next of kin (entries to be made in pencil) Mother Elizabeth Ann Sim, Georgeville, PQ Canada.

(20) E.
(21) E.
(22) E.

NOTES—
(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
	OC	Perth	TOS from 3 CIRU(Carpenter "B")	Field	6Aug43	Pte	40 12 Aug 43
			TOS [illegible] UK ON EMBARKATION AT UK ON 26 Oct 43				
			[illegible] M ON TRANSFER ON 27 Oct 43 AND DISEMBARKED AT Italy 8 Nov 43 ON				69-29 Dec 43
	Ole	Perth R	S.O.S. to X-3 Lest Perth R (Carp "B")	Fd	6 Jan 44	pte	2-14 Jan 44
	X-3	Perth	T.O.S. from Perth Reg't (Carp "B")	M	7 Jan 44	"	3/44
	X-3	Perth	S.O.S. to Perth Reg't (Carp "B")	M	7 Jan 44	"	3/44
	Ole	Perth R	T.O.S. from X-3 Lest Perth R (Carp "B")	Fd	8 Jan 44	pte	2-14 Jan 44
	X-3	Perth	Awarded Wd Ser Medal & Clasp	M	11 Jan 44	"	4/44
	X-3	Perth	Adm 24 Cdn Fd Amb	Field	6 Jan 44	pte	8-5 Feb 44
	X-3	Perth	Adm 7 Cdn Lt Fd Amb	Field	7 Jan 44	pte	8-5 Feb 44
	X-3	Perth	Disch 7 Cdn Lt Fd Amb	Field	9 Jan 44	pte	8-5 Feb 44
29 June 44	DCL 297	A10 Perth	S.O.S. Killed in action carpenter "B"	Field	22 Jan 44	pte	48-June 44

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (ITALY) | Official name of civil municipality or township: | Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: | No. | Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: SIM (Block letters)

Given names: Colin Cran

Do not write in this space

4. RESIDENCE

Street: No.

Official name of civil municipality or township: Georgeville

Municipal county: Province: Quebec

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)
M			Single

9. If married give name of wife or husband of deceased:

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: April (Month) 16th (Day) 1917 (Year)

12. AGE OF DECEASED: Years 26 | Months | Days | If less than one day old ....hrs. or ....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Carpenter

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Italy

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: ....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: June (Month) 22nd (Day) 19 44 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h.... alive on ....19....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Killed in action.

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b)

due to

(c)

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance ....19....

(b) Duration of disease ....days

25. If a woman, was there a puerperal condition?....

26. Was there a surgical operation?.... Date of ....19....

State findings.... Was there an autopsy?....

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide.... Date ....19....
(State which)

Manner of injury....
(How sustained)

Nature of injury....

Specify whether injury occurred in **industry, in home, or in public place**....

Signed ....**M.D.**

Address .... **Date** ....19....

OVERSEAS CASUALTY CANADIAN ARMY

NOV 25 1944

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

E. Gauvin C.S.

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

Director of Records Dept. of National Defence.

402-S-24674

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME SIM, Colin Cran.

RANK PTE.

UNIT PERTH REGIMENT.

PLACE & DATE OF BIRTH Quebec, CANADA. 16 APRIL 1917

REGTIMENTAL NO. E.52861

NEXT OF KIN & ADDRESS MOTHER.
Mrs Elizabeth Ann SIM
GEORGEVILLE, P. QUEBEC,
CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

DIAGNOSIS

NAME & LOCATION OF HOSPITAL

PARTICULARS OF DEATH

DATE OF DEATH 22 JUNE 1944.

HRS

PLACE OF DEATH ITALY

CAUSE OF DEATH KILLED IN ACTION.

PARTICULARS OF BURIAL

DATE OF BURIAL 14 AUG 44

CEMETERY RE BURIED MORRO RIVER CEM

PLOT NO. 4 ROW NO. B GRAVE NO. 15.

DEATH CERTIFICATE NO

DATE OF REGN OF DEATH CERT:

RELIGION UNITED CHURCH.

DATE 21 SEP 45

M. BLUTEAU (CAPT)

For COLONEL
Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

Extracted from Burial Records,
RECORDS OFFICE OVERSEAS,
ACTON, LONDON W.3.

Royal Rifles

D.D.S

Board of Proceedings No.142

TRADE TRAINING

Regt'l. No. R52861 Rank Rfm. Name Jim, C.C. Trade Carpenter.

1. REMARKS OF O.C. ADV. T.C. ON APTITUDE FOR TRADE

.....

.....

.....

Training Centre.....

.....

Date.....

.....

Officer

2. TECHNICAL SCHOOL

Course.....

Date of Entry.....

Date of Leaving.....

Rating (Percentage).....

Remarks.....

.....

.....

Principal

3. ARMY TRADES SCHOOL

Course.....

Date of Entry.....

Date of Leaving.....

Rating (Percentage).....

Remarks.....

.....

.....

Commandant

4. MECHANICS TRAINING CENTRE

Course.....

Date of Entry.....

Date of Leaving.....

Rating (Percentage).....

REMARKS:.....

.....

.....

.....

Commanding Officer

5. D. & M. SCHOOL

Course.....

Date of Entry.....

Date of Leaving.....

Rating (Percentage).....

REMARKS:.....

.....

.....

.....

Commanding Officer

6. OTHER CENTRE

Name.....

Location.....

Course.....

Date of Entry.....

Date of Leaving.....

Rating (Percentage).....

REMARKS:.....

.....

.....

Officer i/c Trades Trng.

7. ADVANCED TRAINING CENTRE ARMY APPLICATION OF TRADE

No. of T.C.....

Advanced Course.....

or

Trained Soldier Coy.....

Date of Entry.....

Date of Leaving.....

Rating (Percentage).....

REMARKS:.....

.....

.....

Commanding Officer

8. TRADE TEST

Trade Carpenter

Class B II

Date 26 Jan 43

Where Tested RCE Workshops Vancouver

TRADE TEST BOARD—

1. W.E.Leppard President (W.E.Leppard) Major

2. C.W.Austin Capt RCE Member (C.W.Austin) Capt.

3. J.M.Cockburn Member (J.M.Cockburn) Capt.

9. DISPOSAL

Where Despatched.....

.....

.....

Date.....

(Further remarks or records on reverse side)

100M—5-42 (4543)
H.Q. 1772-45-8

CFA 187
40/P & S/2180 (4066)

69

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME ..... E-52861 Pte. Sim C. C. (Deceased) .....

RECEIVED FROM ..... Cdn Sec GHQ 2nd Echelon A.A.I. .....

B-126252 Pte. Sisl ofsky A.

CHECKED BY ..... L-17349 Cpl. Bailey N.S. ..... DATE ..... 1 August 44 .....

1	Westclox Wrist Watch		
3	Souvenir Handkerchiefs		
1	Snapshot Album with Snapshots		
1	Juke Book		
	Photographs		
1	R.R.C. Cap Badge		
1	Perth Cap Badge		

ORIGINAL } To Officer i/c Estates with
DUPLICATE } original inventory, if any.

TRIPLICATE — with effects.

M S Bailey Cpl
for OC 1 Cdn KSD

25M-12-44 (6215)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Colin Cran (CHRISTIAN NAMES) SIM (SURNAME)

REGISTER NO. D-16959
FILE NO. 405-S-24674
DATE 29-1-46
SERVICE NO. E-52861
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 22-6-44

PAYEE Director of Estates

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 22-6-44

	$	¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS $\frac{801}{30}$ EQUAL TO 26 COMPLETE PERIODS AT $7.50	195.00	
B. QUALIFYING OVERSEAS SERVICE No. OF DAYS 453 LESS 21 INELIGIBLE DAYS, EQUAL TO 432 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION	108.00	
	303.00	

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	$ 1.50		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25		
ADDITIONAL PAY	$ .50		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $ _____	$		
TOTAL	$ 3.25	X7 = $	22.75
NO. OF DAYS $\frac{453}{183}$		X$	22.75
			56.32
D. WAR SERVICE GRATUITY			359.32
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES	$		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS	$		
F. TOTAL AMOUNT PAYABLE			359.32

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $ = $

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

△T

SEE REVERSE SIDE
FOR EXPLANATION
OF ITEMS A, B & C

COPY FOR RECORDS OFFICE

PLEASE ADDRESS ALL COMMUNICATIONS TO CHIEF OF THE CURRENCY DIVISION

Bank of Canada

CURRENCY DIVISION
OTTAWA

Sept 6, 1944

Mrs. Elizabeth Abb Sim
Georgeville, P.Q.

I am enclosing under registered cover:

$ 50 Dominion of Canada 3% Sixth Victory Loan bond(s) due June 1st, 1960. No(s).

L9[41] 1315682 Prin Reg

RECEIVED BRANCH JAN 29 1945 P.Q. OTTAWA NATIONAL DEFENCE

sent to you at the request of

Sim Colin Cran. Pte E52861
The Perth Regt. Cdn Army C.M.F. C.A.O.

whose cash application was recently received from Overseas. I shall be obliged if you will kindly notify him of safe arrival of bond(s).

Please acknowledge receipt by signing and returning the duplicate copy of this letter.

Yours very truly,

C.E.Campbell

Chief of Currency Division.

MFM 510
40/P & [illegible] (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. E.52861 Rank and Name SIM. C.C. PTE.

of (Unit).....on.....

~~X(Transfer or~~ Discharge).....~~to~~.....on 22nd June 1944.

Reason Death Authority C.C.L."A"464 d/2nd July/44.

The following is a statement of the account of the above-named from 1st June to 30th June 1944 the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	126	88
First Monthly Payment AR.18 d/6.6.44	44	70	Regimental Pay 30 days @ $1.50	45	00
Casual Payments			Tradesmen's Pay 30 days at $ 50¢	15	00
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at $		
Assigned Pay	40	00	Allowances (Give particulars) ..... days at $		
Regimental Charges					
Public Stoppages (Give particulars):					
			Def: Pay Interest	2	10
To Balance Cr Free	24	28			
To Balance Cr Deferred	80	00	By Balance Dr		
	104	28			
Total	188	98	Total	188	98

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks:

1) Assigned Pay of $40.00 (M) stopped eff: 1st July/44.

2) The above Statement has been compiled from Treasury Records, the latest paybooks not being available.

PAY STATE BRANCH
FEB 8 1945
H.Q.
OTTAWA
NATIONAL DEFENCE

Compiled by J.R.Murray

Checked by E.Knight

Date 16th January 1945

Certified correct [signature]
for Chief Treasury Officer, Overseas

DS,

CANADIAN NATIONAL TELEGRAPHS

LKL

DAY LETTER [X]

NIGHT LETTER [ ]

CASUALTY (REPORT DELIVERY)

OTTAWA 30 JUNE 44

TO:-MRS ELIZABETH ANN SIM
GEORGEVILLE P Q

11776 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT E52861 PRIVATE COLIN CRAN SIM HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION TWENTYSECOND JUNE 1944 STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

DIRECTOR OF RECORDS

PREPAID

OFFICER I/C RECORDS

3

M.F.M. 267
50M-11-42 (7151)
H.Q. 1772-39-1989